

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

11

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		14344.34
(b) Cash on Hand at Beginning of Reporting Period	42658.54	
(c) Total Receipts (from Line 19)	34201.92	309855.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76860.46	324199.76
7. Total Disbursements (from Line 31)	61561.40	308900.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15299.06	15299.06
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	40716.42	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17050.00	217660.00
(i) Itemized (use Schedule A)	15727.00	80660.50
(ii) Unitemized	32777.00	298320.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	10000.00
(c) Other Political Committees (such as PACs)	32777.00	308320.50
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1424.92	1534.92
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34201.92	309855.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34201.92	309855.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	49286.81	248961.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	49286.81	248961.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	12274.59	44939.52
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	12274.59	44939.52
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61561.40	308900.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61561.40	308900.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32777.00	308320.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32777.00	308320.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49286.81	248961.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	1424.92	1534.92
38. Net Operating Expenditures (subtract Line 37 from Line 36)	47861.89	247426.26

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Knute Aarsheim

Mailing Address 305 Delano Rd

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Act I, Inc.

Occupation

Fisherman

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80516.C169252

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Elisabeth Allison

Mailing Address 69 Pinehurst Rd.

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anzi Ltd.

Occupation

Publishing Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80516.C169253

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 10 Naomi Drive

City

Gloucester

State

MA

Zip Code

01930-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

investor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80414.C168843

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Stanley Bernstein

Mailing Address 153 Edmunds Road

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bilrite Corporation

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80414.C168837

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stanley Bernstein

Mailing Address 153 Edmunds Road

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bilrite Corporation

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80516.C169276

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wesley Ehrenzeller

Mailing Address 5 Ursula Dr.

City

Hopkinton

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank I. Rounds Co.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80516.C169274

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Fitzpatrick

Mailing Address PO Box 954

9 Prospect Hill Road

City

Stockbridge

State

MA

Zip Code

01262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80516.C169207

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Frisbie

Mailing Address 128 Beacon Street

Unit H

City

Boston

State

MA

Zip Code

02116-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Battery Ventures

Occupation
Venture Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 80516.C169250

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Timothy Gendron

Mailing Address 60 Cross Road

City

Lunenburg

State

MA

Zip Code

01462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tims Fabrications Inc.

Occupation
Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80516.C169260

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jane Gnazzo

Mailing Address PO Box 1119
404 W. Cotter Avenue

City State Zip Code
Port Aransas TX 78373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Real Estate Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 80414.C168947

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Goldfarb

Mailing Address 25 Spyglass Landing Drive

City State Zip Code
Marshfield MA 02050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80516.C169251

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Edward Johnson

Mailing Address 56 North St

City State Zip Code
Grafton MA 01519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: 80516.C169183

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Johnson

Mailing Address 1 Charles River Square

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80414.C168973

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Lewis

Mailing Address 172 Forest Street

City

Sherborn

State

MA

Zip Code

01770

FEC ID number of contributing
federal political committee.

C

Name of Employer
S and Co.

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80516.C169232

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Malcolm MacNaught

Mailing Address PO Box 2233

City

Duxbury

State

MA

Zip Code

02331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: 80414.C168896

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bernard OMalley

Mailing Address 46 Park St

City

Mansfield

State

MA

Zip Code

02048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80516.C169255

Amount of Each Receipt this Period

75.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Shirley Perry

Mailing Address 27 Lathrop Rd.

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: 80414.C169078

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Francis Polito

Mailing Address 587C Hartford Pike

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polito Development Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80516.C169275

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Potaski

Mailing Address 24B Church Street

City

Linwood

State

MA

Zip Code

01525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80416.C169170

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Grant Rodkey

Mailing Address 11 Beatrice Circle

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Boston Healthcare System

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80414.C168835

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marshall Rogan

Mailing Address 12 Indian Hill Road

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 80414.C168949

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kimberly Rubash

Mailing Address 323 Wellesley Street

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
At home

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80415.C169133

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Campbell Steward

Mailing Address 65 Asbury St.

City

Topsfield

State

MA

Zip Code

01983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 80414.C168972

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Clayton Trefry

Mailing Address 4712 Scotts Mill Ct.

City

Saugus

State

MA

Zip Code

01906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: 80414.C168900

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Turner

Mailing Address PO Box 543

City

Carlisle

State

MA

Zip Code

01741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 80516.C169262

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David Wasiolek

Mailing Address 550 Old Marlboro Road

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: 80516.C169184

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

E. Andrew Wilde

Mailing Address 1210 Greendale Ave.
Apt. E3

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80415.C169134

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Albert Wilson

Mailing Address 29 Concord Court

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spaulding and Slye Collins

Occupation

Real Estate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80516.C169226

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Katherine Winter

Mailing Address 10 Marlborough St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: 80516.C169186

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80415.C169135

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

17050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 42

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City

Boston

State

MA

Zip Code

02266-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.54

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: 80516.C169650

Amount of Each Receipt this Period

1152.54

Offsets to Operating Expe-
nditu

B.

Full Name (Last, First, Middle Initial)

Verizon Internet Services

Mailing Address PO Box 101096

City

Atlanta

State

GA

Zip Code

30392-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.38

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80516.C169231

Amount of Each Receipt this Period

272.38

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

1424.92

TOTAL This Period (last page this line number only)

1424.92

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Direct Mail and telemarketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10354

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

5906.80

DIRECT MAIL AND TELEMARKE-
TING

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Direct Mail and telemarketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10353

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

5832.20

DIRECT MAIL AND TELEMARKE-
TING

C.

Full Name (Last, First, Middle Initial)

Scr & Associates, LLC

Mailing Address 4 Leblanc Dr

City Danvers State MA Zip Code 01923-

Purpose of Disbursement
Fundraising Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10373

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

FUNDRAISING CONSULTANT FEE

SUBTOTAL of Disbursements This Page (optional)

16739.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Accountemps	Transaction ID: 80519.E10390 Date of Disbursement																				
Mailing Address 12400 Collections Center Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Chicago State IL Zip Code 60693- Purpose of Disbursement Accounting Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">235.14</td> </tr> </table>	235.14																			
235.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type ACCOUNTING FEE																				
B. Full Name (Last, First, Middle Initial) Accountemps	Transaction ID: 80519.E10391 Date of Disbursement																				
Mailing Address 12400 Collections Center Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Chicago State IL Zip Code 60693- Purpose of Disbursement Accounting Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">313.52</td> </tr> </table>	313.52																			
313.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type ACCOUNTING FEE																				
C. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 80516.E10367 Date of Disbursement																				
Mailing Address PO Box 2971	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Omaha State NE Zip Code 68103- Purpose of Disbursement Cell Phone Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">273.67</td> </tr> </table>	273.67																			
273.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CELL PHONE FEE																				

SUBTOTAL of Disbursements This Page (optional)

822.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Insurance Barrows	Transaction ID: 80516.E10352 Date of Disbursement																				
Mailing Address 215 North Main St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Mansfield State MA Zip Code 02048-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Insurance	<table border="1"> <tr> <td colspan="10">1641.12</td> </tr> </table>	1641.12																			
1641.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ INSURANCE																				
B. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 80516.E10351 Date of Disbursement																				
Mailing Address Landmark Center 401 Park Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health Insurance	<table border="1"> <tr> <td colspan="10">3163.44</td> </tr> </table>	3163.44																			
3163.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ HEALTH INSURANCE																				
C. Full Name (Last, First, Middle Initial) Cambridge Offset Printing	Transaction ID: 80516.E10372 Date of Disbursement																				
Mailing Address 56 Creighton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Cambridge State MA Zip Code 02140-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing supplies	<table border="1"> <tr> <td colspan="10">183.75</td> </tr> </table>	183.75																			
183.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRINTING SUPPLIES																				

SUBTOTAL of Disbursements This Page (optional)

4988.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Crowne Plaza Natick

Mailing Address 1360 Worcester Rd.

City
Natick

State
MA

Zip Code
01760-

Purpose of Disbursement
Event Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10368

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1892.67

EVENT FEE

B.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City
Los Angeles

State
CA

Zip Code
90060-0036

Purpose of Disbursement
Cable Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

91.95

CABLE SERVICE

C.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
Express Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.81

EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional)

2034.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 80516.E10370 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>70.91</td> </tr> </table>	70.91																			
70.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EXPRESS MAIL																				
B. Full Name (Last, First, Middle Initial) Guardian Guardian	Transaction ID: 80414.E10264 Date of Disbursement																				
Mailing Address Boston Group Office 1 Liberty Square	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Boston State MA Zip Code 02109- Purpose of Disbursement Insurance Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>408.56</td> </tr> </table>	408.56																			
408.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type INSURANCE																				
C. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80516.E10364 Date of Disbursement																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												
City Quincy State MA Zip Code 02170- Purpose of Disbursement Reimbursement for travel Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>62.48</td> </tr> </table>	62.48																			
62.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type REIMBURSEMENT FOR TRAVEL																				

SUBTOTAL of Disbursements This Page (optional)

541.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement
Reimbursement for Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10359

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

164.00

REIMBURSEMENT FOR POSTAGE

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement
Internship

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10355

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

700.00

INTERNSHIP

C.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement
Reimbursement for food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10363

Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

114.93

REIMBURSEMENT FOR FOOD

SUBTOTAL of Disbursements This Page (optional)

978.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Internship

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10362

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

700.00

INTERNSHIP

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Phone Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10358

Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

148.17

PHONE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10375

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

21.04

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

869.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10384

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

183.24

CREDIT CARD PROCESSING FEE

B.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10385

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

26.65

CREDIT CARD PROCESSING FEE

C.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10387

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

7.55

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

217.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement
Copier Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10348

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

730.51

COPIER RENTAL

B. Full Name (Last, First, Middle Initial)
Communication Inc OBrien

Mailing Address PO Box 659

City Wrentham State MA Zip Code 02093-

Purpose of Disbursement
Phone system

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10347

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

227.50

PHONE SYSTEM

C. Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10361

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

439.75

UTILITIES

SUBTOTAL of Disbursements This Page (optional)

1397.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 80516.E10369 Date of Disbursement																				
Mailing Address c/o Massey & Co. 85 Merrimac Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td colspan="10">4064.50</td> </tr> </table>	4064.50																			
4064.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ RENT																				
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80414.E10310 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll 401k	<table border="1"> <tr> <td colspan="10">1923.08</td> </tr> </table>	1923.08																			
1923.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL 401K																				
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80414.E10309 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">2957.65</td> </tr> </table>	2957.65																			
2957.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL TAX																				

SUBTOTAL of Disbursements This Page (optional)

8945.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement

Payroll Tax Adjustment

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80414.E10320

Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

443.37

PAYROLL TAX ADJUSTMENT

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement

Payroll Processing Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80414.E10293

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

126.34

PAYROLL PROCESSING FEE

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement

401k Monthly Admin Exp

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80414.E10319

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

160.00

401K MONTHLY ADMIN EXP

SUBTOTAL of Disbursements This Page (optional)

729.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80516.E10383 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll 401k Candidate Name	<table border="1"> <tr> <td colspan="10">2307.69</td> </tr> </table>	2307.69																			
2307.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL 401K																					
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80516.E10382 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Tax Candidate Name	<table border="1"> <tr> <td colspan="10">3141.43</td> </tr> </table>	3141.43																			
3141.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL TAX																					
C. Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 80516.E10365 Date of Disbursement																				
Mailing Address JW MCCORMACK STATION New Chardon Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">1640.00</td> </tr> </table>	1640.00																			
1640.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type POSTAGE																					

SUBTOTAL of Disbursements This Page (optional)

7089.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jodys Quik Print

Mailing Address P.O. Box 1068

City
Middleton

State
MA

Zip Code
01949-

Purpose of Disbursement

Printing - invitations for general Party related fundraising event - non-FEA

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80516.E10349

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

690.10

PRINTING - INVITATIONS FOR
GENERAL PARTY RELATED FUN-
DRAISING EVENT - NON-FEA

B.

Full Name (Last, First, Middle Initial)

Prime Signs

Mailing Address 925 University Ave # B

City
Sacramento

State
CA

Zip Code
95825-

Purpose of Disbursement

Bumper Stickers

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80516.E10377

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

866.70

BUMPER STICKERS

C.

Full Name (Last, First, Middle Initial)

T-Mobile T-Mobile

Mailing Address PO Box 790047

City
Saint Louis

State
MO

Zip Code
63179-

Purpose of Disbursement

Phone services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80516.E10346

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

385.78

PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional)

1942.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1	Transaction ID: 80516.E10345 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	8													
City Worcester State MA Zip Code 01654- Purpose of Disbursement PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>499.68</td> </tr> </table> PHONE	499.68																				
499.68																						
B. Full Name (Last, First, Middle Initial) Yacht Club Wessagussett Mailing Address P.O. Box 74 City North Weymouth State MA Zip Code 02191- Purpose of Disbursement Rental Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80516.E10366 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>375.00</td> </tr> </table> RENTAL FEE	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8	375.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	8		2	0	0	8													
375.00																						
C. Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867- Purpose of Disbursement Reimbursement - see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80519.E10393 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>946.63</td> </tr> </table> REIMBURSEMENT - SEE BELOW	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8	946.63
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	8		2	0	0	8													
946.63																						

SUBTOTAL of Disbursements This Page (optional) ►

1821.31

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Hyatt Regency Tamaya Resort

Mailing Address 1300 Tuyuna Trail

City
Bernalillo

State
NM

Zip Code
87004-

Purpose of Disbursement

R. Willington reimbursement for lodging

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80519.E10392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

946.63

[MEMO ITEM]

MEMO: R. WILLINGTON REIMB-
URSEMENT FOR LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

49117.31

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 80516.E10356 Date of Disbursement																				
Mailing Address 101 Elm St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
<table border="1"> <tr> <td>City Wakefield</td> <td>State MA</td> <td>Zip Code 01880-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll - Administration Service</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Wakefield	State MA	Zip Code 01880-	Purpose of Disbursement Payroll - Administration Service		<input type="checkbox"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00											
City Wakefield	State MA	Zip Code 01880-																			
Purpose of Disbursement Payroll - Administration Service		<input type="checkbox"/> Category/ Type																			
Candidate Name																					
1000.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		PAYROLL - ADMINISTRATION SERVICE														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 80516.E10374 Date of Disbursement																				
Mailing Address 101 Elm St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
<table border="1"> <tr> <td>City Wakefield</td> <td>State MA</td> <td>Zip Code 01880-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Administrative Services</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Wakefield	State MA	Zip Code 01880-	Purpose of Disbursement Administrative Services		<input type="checkbox"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00											
City Wakefield	State MA	Zip Code 01880-																			
Purpose of Disbursement Administrative Services		<input type="checkbox"/> Category/ Type																			
Candidate Name																					
1000.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		ADMINISTRATIVE SERVICES														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80414.E10311 Date of Disbursement																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	8												
<table border="1"> <tr> <td>City Quincy</td> <td>State MA</td> <td>Zip Code 02170-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Payroll</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Quincy	State MA	Zip Code 02170-	Purpose of Disbursement Payroll		<input type="checkbox"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1260.12</td> </tr> </table>	1260.12											
City Quincy	State MA	Zip Code 02170-																			
Purpose of Disbursement Payroll		<input type="checkbox"/> Category/ Type																			
Candidate Name																					
1260.12																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		PAYROLL														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

3260.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 42

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10378

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1260.12

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80414.E10315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1088.57

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80516.E10379

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1088.57

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3437.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 42

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80414.E10312

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1253.46

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80516.E10380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1462.71

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80414.E10313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1430.52

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4146.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80516.E10381

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1430.52

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1430.52

TOTAL This Period (last page this line number only)

12274.59

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 / 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

9980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9980.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

15.37

Transaction ID: LS90513.E11251

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

13.11

Transaction ID: LS90513.E11254

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.11

1) **SUBTOTALS** This Period This Page (optional).....

10008.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 38 / 42

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

300.00

Transaction ID: LS90513.E11255

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

939.17

Transaction ID: LS90513.E11256

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

939.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11259

Amount Incurred This Period

3282.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

3282.16

1) **SUBTOTALS** This Period This Page (optional).....

4521.33

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 39 / 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11260

Amount Incurred This Period

880.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

880.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS90508.E11237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9351.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

10482.16

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 40 / 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Garage Government CenterNature of Debt (Purpose):
Original debt for parking
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

2140.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 41 / 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Garage Government CenterNature of Debt (Purpose):
Original debt for parking
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Supp-
ort party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Supp-
ort party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

1) SUBTOTALS This Period This Page (optional).....

3928.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 42 / 42

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Communication, Inc. MajorityNature of Debt (Purpose):
Original Debt for FEA Get Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City State ZIP Code
Columbus OH 43215-

Outstanding Balance Beginning This Period

8000.00

Transaction ID: LS90508.E11226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

1) **SUBTOTALS** This Period This Page (optional).....

9636.00

2) **TOTALS** This Period (last page this line number only).....

40716.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

40716.42